

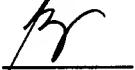
SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/078,956	05/14/98	606	3736	262

APPLICANT

RANDOLF VON OEPEN, HIRRLINGEN, FED REP GERMANY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED



\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED



\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED FED REP GERMANY 297 08 803.3 05/17/97



\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY DEX	SHEETS DRAWING 3	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's initials	Initials				

ADDRESS

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TITLE

RADIALLY EXPANDABLE STENT FOR IMPLANTING IN A BODY VESSEL IN THE  
REGION OF A VESSEL BRANCH

FILING FEE RECEIVED \$855	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:
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- All Fees
- 1.16 Fees (Filing)
- 1.17 Fees (Processing Ext)
- 1.18 Fees (Issue)
- Other \_\_\_\_\_
- Credit



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CONFIRMATION NO. 7837

Bib Data Sheet

SERIAL NUMBER 09/078,956	FILING OR 371(c) DATE 05/14/1998 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 262
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APPLICANTS

Nicolaus Reifart, Residence Not Provided;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 297 08 803.3 05/17/1997

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING 3	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

RADially EXPANDABLE STENT FOR IMPLANTING IN A BODY VESSEL IN THE REGION OF A VESSEL  
BRANCH

FILING FEE RECEIVED 855	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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